

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047185

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

6191

STATE FILE NUMBER

FILED DEC 26 1962

VS 300
Rev. 4/59

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26092

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DATE AMENDED

INSTEAD OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Other Dates

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CityLength of stay in 1b
Since MAY-1961c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Kansas City Neurological HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY
OR TOWN GladstoneInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 5703 North Garfield

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Peter

Middle -

Last Schultz Sr.

4. DATE
OF DEATH

Month Dec

Day 5

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocery Store Owner

10b. KIND OF BUSINESS OR INDUSTRY

Grocery

11. BIRTHPLACE (City and state or country)

Billum, K. & M. DENMARK

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Anders Schultz

13b. MOTHER'S MAIDEN NAME

-

14. NAME OF HUSBAND OR WIFE

Elise Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Edwin Schultz 5703 N. Garfield, KC. 18-Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Debility, illness with infection

2 weeks

DUE TO (c)

General debility and ironition

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral arteriosclerosis with debility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

December 26, 1959, to December 4, 1962

and last saw him alive on

December 4, 1962

Death occurred at

1255

A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. Comer Bates, M.D.

22b. ADDRESS

5140 Antioch Road

22c. DATE SIGNED

12/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Dec 6-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cem

23d. LOCATION (City, town, or county)

KANSAS City, KANSAS

(State)

24. FUNERAL DIRECTOR

Address

Bates, 1901 Clarks Blvd. Kansas City 3, Mo.

25. DATE RECD. BY LOCAL REG.

12-6-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

21. Corner Bates
5140 Antioch Rd.
213-3600
Off 11:30 am.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.